

# Tongue base retraction and airway obstruction in drug-induced oromandibular dystonia

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A 29-year-old man began haloperidol therapy (1.5 mg/d) for severe agitation due to mental stress. He developed jaw opening dystonia at 1 month, and paroxysmal stridor and dyspnea at rest occurred at 5 months. A fiberscope revealed both involuntary tongue base retraction and airway obstruction (video), suggesting diagnosis of drug-induced oromandibular dystonia. Haloperidol was discontinued. At follow-up 1 year following cessation of haloperidol, he reported gradual disappearance of tongue base retraction within 1 month and the jaw opening dystonia within 4 month. Although tongue base retraction is an uncommon form of oromandibular dystonia,<sup>1,2</sup> it is a serious complication of therapy.

## MORE ONLINE

### Video

## Author contributions

G. Yamada: drafting/revising the manuscript, data acquisition, study concept or design, analysis or interpretation of data, accepts responsibility for conduct of research and final approval, study supervision. Y. Ueki: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, acquisition of data. K. Okita: drafting/revising the manuscript, data acquisition, accepts responsibility for conduct of research and final approval, acquisition of data. N. Matsukawa: drafting/revising the manuscript, accepts responsibility for conduct of research and final approval, study supervision.

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## Disclosure

The authors report no disclosures relevant to the manuscript. Go to [Neurology.org/N](http://Neurology.org/N) for full disclosures.

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